

NOV 09 2004



FEE TRANSMITTAL

MAIL STOP Amendment

Total Amount Of Payment (\$ 430.00)

Complete If Known	
Application No.	10/005,483
Filing Date	11/09/2001
First Named Inventor	James L. SNELL et al
Examiner Name	Shuwang Liu
Group Art Unit	2634

Total Amount Of Payment (\$ 430.00)	Attorney Docket No. 56162.000489
-------------------------------------	----------------------------------

METHOD OF PAYMENT (check one)

1. <input type="checkbox"/> The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP.	3. ADDITIONAL FEES
	Fee Description Fee Paid
	<input type="checkbox"/> Surcharge - late filing fee or oath \$
	<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet \$
	<input checked="" type="checkbox"/> Two (2) Month Extension of Time \$ 430.00
	<input type="checkbox"/> Notice of Appeal \$
	<input type="checkbox"/> Filing Brief in Support of Appeal \$
	<input type="checkbox"/> Request for Oral Hearing \$
	<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) \$
	<input type="checkbox"/> Design Issue Fee \$
	<input type="checkbox"/> Plant Issue Fee \$
	<input type="checkbox"/> Petition to Commissioner \$
	<input type="checkbox"/> Petition to Revive (Unavoidable) \$
	<input type="checkbox"/> Petition to Revive (Unintentional) \$
	<input type="checkbox"/> Petitions Related to Provisional Applications \$
	<input type="checkbox"/> Submission of Information Disclosure Statement \$
	<input type="checkbox"/> Filing Submission After Final Rejection \$
	<input type="checkbox"/> Recording Each Patent Assignment Per Property \$
	<input type="checkbox"/> Filing Request for Reexamination \$
	<input type="checkbox"/> Other (specify) _____ \$

FEE CALCULATION

1. **BASIC FILING FEE** Large Entity Small EntityFEE PAID

Utility Filing Fee	\$
Design Filing Fee	\$
Plant Filing Fee	\$
Reissue Filing Fee	\$
Provisional Filing Fee	\$

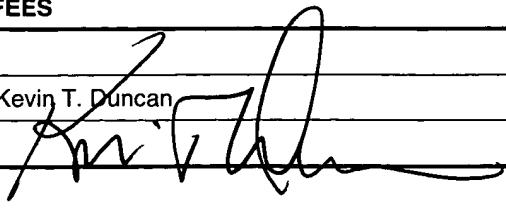
2. **EXTRA CLAIMS FEES**

CLAIMS AS AMENDED

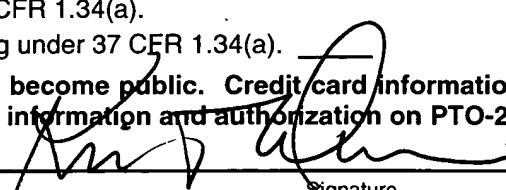
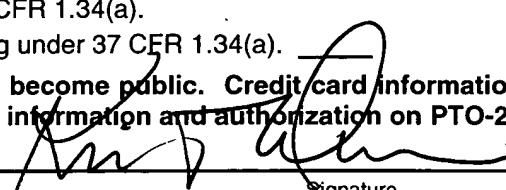
For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS		20	0	x \$ 18.00	x \$ 9.00	\$ 0.00
INDEPENDENT CLAIMS		3	0	x \$ 88.00	x \$ 44.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS				\$ 300.00	\$ 150.00	\$ 0.00
TOTAL EXTRA CLAIMS FEES						\$ 0.00

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Kevin T. Duncan	Registration No.	41,495
Signature		Date	November 9, 2004



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket No.: 56162.000489	
In re Application Of Application Number Filed For Group Art Unit Examiner	James Leroy SNELL <i>et al</i> 10/005,483 November 9, 2001 HIGH DATA RATE SPREAD SPECTRUM TRANSCEIVER AND ASSOCIATED METHODS 2634 Shuwang Liu		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.			
The requested extension and appropriate fee is as follows:			
	Large Entity	Small Entity	Amount
<input type="checkbox"/> One Month	\$ 110.00	\$ 55.00	\$
<input checked="" type="checkbox"/> Two Month	\$ 430.00	\$ 215.00	\$430.00
<input type="checkbox"/> Three Month	\$ 980.00	\$ 490.00	\$
<input type="checkbox"/> Four Month	\$1530.00	\$ 765.00	\$
<input type="checkbox"/> Five Month	\$2080.00	\$1040.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0206 .			
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).; <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). 		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<u>November 9, 2004</u>		<u></u>	
Date	Signature		
11/10/2004 HGUTEMA1 00000015 10005483 01 FC:1252	<u>Kevin T. Duncan</u> Typed or Printed Name		
430.00 OP	<u>41,495</u>		
Registration Number (if applicable)			
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u> </u> form(s) is/are submitted.			